

CHAPTER 2

THE FIELD HOSPITAL**2-1. Mission and Allocation**

The primary mission of this hospital is to provide reconditioning and rehabilitation for those patients who will be able to RTD within the prescribed theater evacuation policy. The FH will normally be located in the COMMZ but could be used in the corps when geographical operations constraints dictate. It has a basis of allocation of two FHs per division supported or 1.462 per 1,000 admitted patients in the COMMZ.

2-2. Assignment and Capabilities

a. The FH is assigned to the Headquarters and Headquarters Company (HHC), MEDCOM, TOE 08611L000. The hospital may be further attached to the HHC, Medical Brigade, TOE 08422L000.

b. This facility provides hospitalization for up to 504 patients. The majority of patients within this facility will be in the convalescent care category. Patients will be received from the CZ (by theater evacuation assets), the COMMZ, and other MTFs within the COMMZ.

c. Surgical capacity is based on one OR (two operating tables) for a surgical capacity of 24 OR table hours per day.

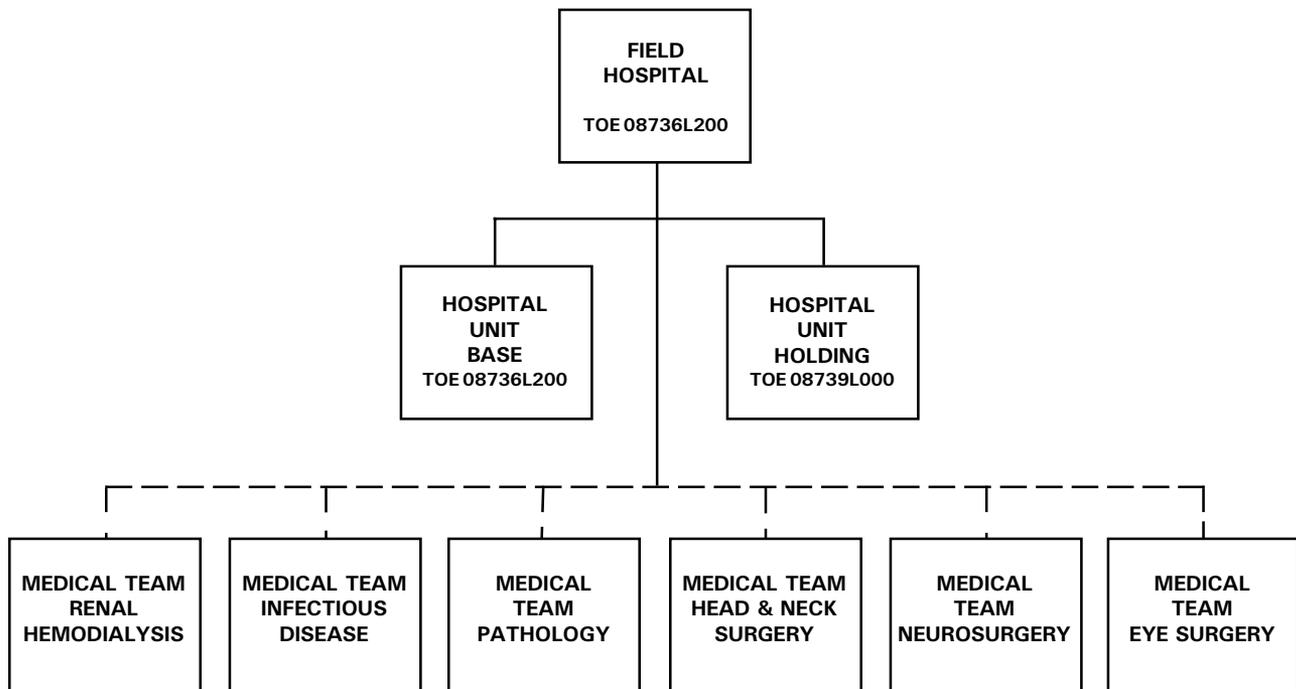
d. Other capabilities include—

- Consultation services for patients referred from other MTFs.
- Unit-level CHS for organic personnel only.
- Pharmacy, clinical laboratory, blood banking, radiology, and nutrition care services.
- Physical and occupational therapy support to patients.
- Medical administrative and logistical services to support work loads.
- Dental treatment to staff and patients and oral surgery support for military personnel in the immediate area, plus patients referred by area CHS units.
- Augmentation and reconstitution of other hospitals.

2-3. Hospital Organization and Functions

The hospital includes a 224-bed HUB and a 280-bed HUH. Collectively, this modular-designed hospital has two wards providing intensive nursing care for up to 24 patients, seven wards providing intermediate nursing care for up to 140 patients, one ward providing NP care for up to 20 patients, two wards providing minimal nursing care for up to 40 patients, and seven patient support sections providing convalescent care for up to

280 patients. The FH is not a surgical-intensive facility. It has one OR in the HUB instead of the four ORs organic to the GH. This hospital is more of a convalescent facility for those RTD patients within the theater. Figures 2-1, 2-2, and 2-3 show the FH organization.



NOTE: DEPENDING UPON OPERATIONAL REQUIREMENTS, THE MEDICAL AND SURGICAL TEAMS MAY OR MAY NOT BE ATTACHED TO THE INDIVIDUAL CLINICAL ELEMENT OF THE FH.

Figure 2-1. Field hospital organization (TOE 08715L000).

2-4. The Hospital Unit, Base

The HUB is an independent organization which includes all hospital services. It provides a solid infrastructure for FH operations. The HUB contains the following sections:

a. *Hospital Headquarters Section.* This section provides internal C2 and management of all hospital services. Personnel of this section supervise and coordinate the surgical, nursing, medical, pastoral, and administrative services. Staffing includes the HUB commander, a chief nurse, a chaplain, chiefs of surgery and medicine, an executive officer (XO), a command sergeant major (CSM), and an administrative specialist (Table 2-1, page 2-4). When the HUB and the HUH join to function as a FH, the HUB commander is the FH commander unless otherwise designated.

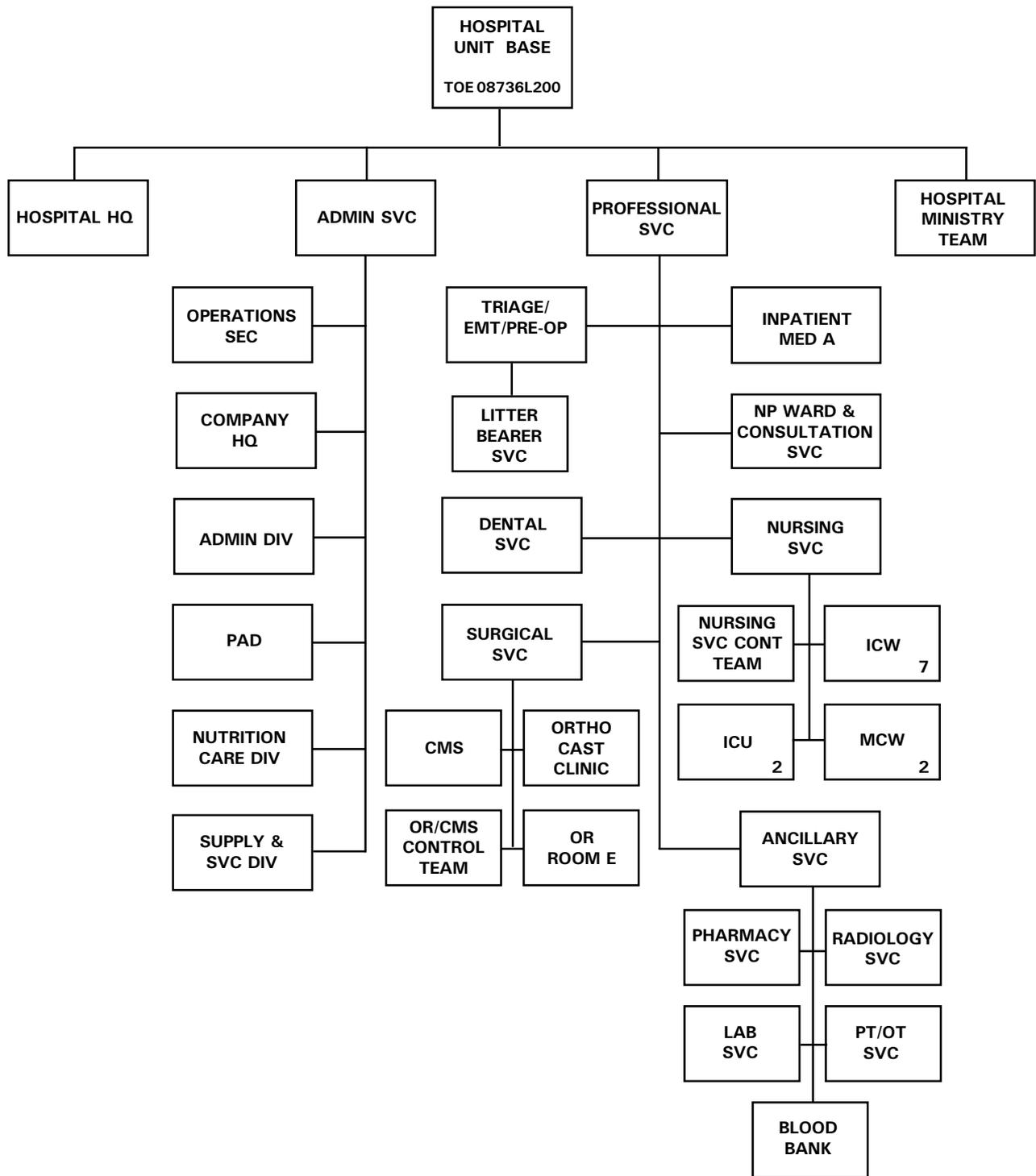


Figure 2-2. Hospital unit, base (TOE 08736L200).

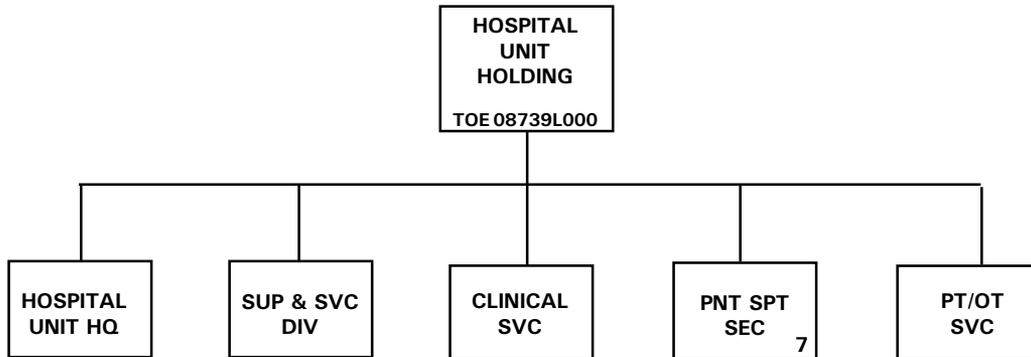


Figure 2-3. Hospital unit, holding (TOE 08739L000).

Table 2-1. Hospital Headquarters Organization

HOSPITAL HEADQUARTERS			
HOSPITAL COMMANDER	COL	60A00	MC
CHIEF, NURSING SERVICE	COL	66N00	AN
HOSPITAL CHAPLAIN	LTC	56A00	CH
CHIEF, MEDICAL SERVICE	LTC	61F00	MC
CHIEF, SURGICAL SERVICE	LTC	61J00	MC
EXECUTIVE OFFICER	LTC	67A00	MS
COMMAND SERGEANT MAJOR	CSM	00Z50	NC
ADMINISTRATIVE SPECIALIST	SGT	71L20	NC

(1) *Hospital commander (60A00)*. Command and control is the process through which the activities of the hospital are directed, coordinated, and controlled to accomplish the mission. This process begins and ends with the commander. An effective commander must have a thorough knowledge and understanding of planning and implementing CHS (FM 8-55). He is decisive and provides specific guidance to his staff in the execution of the mission. The successful commander delegates authority and fosters an organizational climate of mutual trust, cooperation, and teamwork. He has the overall responsibility for coordination of CHS within the hospital's AO. Additionally, he is responsible for the structural layout of the hospital. He establishes and promotes safety, preventive medicine, and occupational health directives and policies to protect personnel and equipment under his command. The hospital commander will designate personnel for staffing functions not identified in the TOE. These staffing positions include but are not limited to the following: Chief, Professional Services and Chief, Ancillary Services.

(2) *Chief, nursing service (66N00)*. The chief nurse is the principal adviser to the hospital commander for nursing activities. This officer plans, organizes, supervises, and directs nursing care practices and activities of the hospital. This officer is also responsible for the orientation and professional development programs for the nursing staff.

(3) *Hospital chaplain (56A00)*. The chaplain functions as the staff officer for all matters in which religion impacts on command programs, personnel, policy, and procedures. He provides for the spiritual well-being and morale of patients and hospital personnel. He also provides religious services and pastoral counseling to soldiers in the AO.

(4) *Chief, medical service (61F00)*. This officer is responsible for the examination, diagnosis, and treatment, or recommended course of management for patients with medical illnesses. He controls the length of patient stay through continuous patient evaluation, early determination of disposition, or evacuation to the next echelon of care.

(5) *Chief, surgical service (61J00)*. The chief surgeon is the principal adviser to the hospital commander for surgical activities. He provides supervision and control over the surgical service to include the ORs. He prescribes courses of treatment and surgery for patients having injuries or disorders with surgical conditions and participates in surgical procedures as required. He coordinates and is responsible for all matters pertaining to the evaluation, management, and disposition of patients received by the section. He is responsible for the evaluation and training programs for his professional staff. He also functions as the Deputy Commander for Professional Services.

(6) *Executive officer (67A00)*. The hospital XO advises the commander on matters pertaining to health care delivery. He plans, directs, and coordinates administrative activities for the hospital. He provides guidance to the tactical operations center (TOC) staff in planning for future operations. He also functions as the Chief, Administrative Service.

(7) *Command sergeant major (00Z50)*. The CSM is the principal enlisted representative to the commander. He advises the commander and his staff on all matters pertaining to the welfare and morale of enlisted personnel in terms of assignment, reassignment, promotion, and discipline. The CSM provides counsel and guidance to NCOs and other enlisted personnel of the hospital. He is also responsible for the reception of newly assigned enlisted personnel into the unit. The CSM evaluates the implementation of individual soldier training on common soldier tasks and supervises the hospital's NCO professional development.

(8) *Administrative specialist (71L20)*. The administrative specialist performs typing, clerical, and administrative duties for the hospital headquarters. He proofreads correspondence for proper spelling, grammar, punctuation, format, and content accuracy. He establishes and maintains files, logs, and other statistical information for the command. He is the light-vehicle driver and radio operator for the command section.

b. Hospital Operations Section. This section is responsible for security, plans and operations, deployment, and relocation of the hospital. This section is also responsible for coordinating communication

support requirements with the supporting signal element. The staff is composed of an operations officer, a plans officer, an operations NCO, an NBC NCO, and appropriate communications MOSs (Table 2-2).

Table 2-2. Hospital Operations Section Organization

HOSPITAL OPERATIONS SECTION			
MEDICAL OPERATIONS OFFICER	MAJ	70H67	MS
FIELD MEDICAL ASSISTANT	CPT	70B67	MS
SECTION CHIEF	SFC	31U40	NC
OPERATIONS SERGEANT	SFC	91B40	NC
NUCLEAR, BIOLOGICAL, AND CHEMICAL NCO	SFC	54B40	NC
SENIOR RADIO OPERATOR	SGT	31C20	NC
SENIOR SWITCH SYSTEMS OPERATOR/MAINTAINER	SGT	31F20	NC
SINGLE-CHANNEL RADIO OPERATOR	SPC	31C10	
SWITCH SYSTEMS OPERATOR/MAINTAINER	SPC	31F10	
SIGNAL INFORMATION SERVICE SPECIALIST	SPC	31U10	
ADMINISTRATIVE SPECIALIST	SPC	71L10	
SINGLE-CHANNEL RADIO OPERATOR	PFC	31C10	
SWITCH SYSTEMS OPERATOR/MAINTAINER	PFC	31F10	
SIGNAL SUPPORT SYSTEMS SPECIALIST	PFC	31U10	

(1) *Medical operations officer (70H67)*. This officer is responsible to the XO for the Intelligence Officer (US Army) (S2)/Operations and Training Officer (US Army) (S3) functions of the hospital. He supervises all tactical operations conducted by the hospital, to include planning and relocation. He coordinates with the chief wardmaster and the utility operations and maintenance technician in the development of the hospital layout and submits recommendations to the hospital commander for approval. He is responsible for the formulation of the tactical standing operating procedure (TSOP) and the hospital planning factors (refer to Appendix A for an example of a TSOP format and Appendix B for an estimate of hospital planning factors).

(2) *Field medical assistant (70B67)*. This officer is responsible to the medical operations officer for planning and coordinating site selection and convoy operations during hospital deployment and

relocation. He also functions as the operations security (OPSEC) and communications security (COMSEC) officer for the hospital. This position is accounted for by the field medical assistant (CPT, 70B67) in the HUH unit headquarters (paragraph 2-5a[3]) and is not included in the total authorizations for the hospital operations section. The HUH officer becomes the plans officer for the hospital operations section when the HUB and the HUH join to function as a FH.

(3) *Section chief (3IU40)*. This NCO serves as the principal signal adviser to the hospital commander and medical operations officer on all communications matters. He is responsible to the medical operations officer and the field medical assistant for planning, supervising, coordinating, and providing technical assistance in the installation, operation, management, and operator-level maintenance of radio, field wire, and switchboard communications systems. He supervises all subordinate communications personnel.

(4) *Operations sergeant (9IB40)*. The operations sergeant is responsible to the medical operations officer for physical security, to include the hospital defense plan; preparation of unit plans, operation orders (OPORDs), and map overlays; and intelligence information and records. He also supervises the subordinate staff.

(5) *Nuclear, biological, and chemical noncommissioned officer (54B40)*. This NCO is the technical adviser to the hospital commander and operations officer on matters pertaining to NBC operations. He is responsible to the medical operations officer for planning, training, NBC decontamination (less patient), and other aspects of hospital NBC defensive operations.

(6) *Senior radio operator/maintainer (3IC20)*. This individual is responsible to the section chief for the installation and operation of unit wire systems, associated equipment, and frequency-modulated (FM) radios.

(7) *Senior switch systems operator/maintainer (3IF20)*. This individual is responsible to the section chief for the installation, operation, and unit-level maintenance of switchboards and switching systems.

(8) *Radio operator/maintainer (3IC10)*. These radio operators are responsible to the senior radio operator/maintainer for the installation, operation, and unit-level maintenance on single-channel radios, radio teletypewriters, and associated equipment.

(9) *Switch systems operator/maintainer (3IF10)*. These operators are responsible to the senior switch systems operator/maintainer for the installation, operation, and unit-level maintenance on switchboards, switching assemblages, and associated communications equipment.

(10) *Signal support system specialist (3IU10)*. This individual is responsible to the signal section chief for troubleshooting and assisting in the installation of wire for field telephones. He also provides technical assistance to the operators of the hospital FM radios and performs unit-level maintenance on this equipment. He is the designated light-vehicle driver for the section.

(11) *Administrative specialist (7IL10)*. This individual is responsible to the operations sergeant for general typing and administrative functions for the section.

(12) *Signal support systems specialist (3IU10)*. This individual is responsible to the signal section chief for installing wire for field telephones and assisting in the operation of the hospital FM radios.

c. *Company Headquarters*. This section is responsible for company-level command, duty rosters, weapons control, and general supply support. Staffing includes the company headquarters commander, the first sergeant, an armorer, and an administrative clerk (Table 2-3).

Table 2-3. *Company Headquarters Organization*

COMPANY HEADQUARTERS			
COMPANY COMMANDER	CPT	70B67	MS
FIRST SERGEANT	MSG	91B5M	NC
ARMORER	SPC	92Y10	
ADMINISTRATIVE CLERK	SPC	71L10	

(1) *Company commander (70B67)*. The company commander is responsible to the hospital commander for all activities in the company headquarters. He administers Uniform Code of Military Justice (UCMJ) actions for enlisted personnel. Additionally, he is responsible for planning and conducting common task training. When the HUB and the HUH join to function as a FH, this officer functions as the commander of the medical holding detachment.

(2) *First sergeant (91B5M)*. The first sergeant is responsible to the company commander for enlisted matters. He also assists in supervising company administration and training activities. He provides guidance to the enlisted members of the company and represents them to the company commander. He also functions as the retention NCO.

(3) *Armorer (92Y10)*. The armorer’s primary duty is that of maintaining the weapons storage area, issuing and receiving small arms and ammunition, and performing small arms unit maintenance.

(4) *Administrative clerk (71L10)*. The administrative clerk is responsible to the first sergeant for providing personnel and unit administration support for the company headquarters. His duties consist of general administration and personnel actions.

d. *Administrative Division*. This division provides overall administrative services for the hospital, to include personnel administration, mail distribution, awards and decorations, leaves, and typing support. The staff is composed of the hospital adjutant, a personnel sergeant, legal specialists, an administrative specialist, personnel administrative specialists, mail delivery clerks, an administrative clerk, and a personnel administrative clerk (Table 2-4). This section coordinates with elements of Theater Army Area Command (TAACOM) for finance, personnel, and administrative services.

Table 2-4. Administrative Division Organization

ADMINISTRATIVE DIVISION			
HOSPITAL ADJUTANT	CPT	70F67	MS
PERSONNEL SERGEANT	SFC	75Z40	NC
LEGAL SPECIALIST	SPC	71D10	(2)
ADMINISTRATIVE SPECIALIST	SPC	71L10	
PERSONNEL ADMINISTRATIVE SPECIALIST	SPC	75B10	(2)
MAIL DELIVERY CLERK	PFC	71L10	(3)
ADMINISTRATIVE CLERK	PFC	71L10	
PERSONNEL ADMINISTRATIVE CLERK	PFC	75B10	

(1) *Hospital adjutant (70F67)*. This officer is responsible to the Chief, Administrative Service for the adjutant functions within the hospital. He also advises the commander and his staff in the area of personnel management for patients and staff.

(2) *Personnel sergeant (75Z40)*. The personnel sergeant is responsible to the adjutant for specific personnel functions which include personnel management, records, actions, and preparation of Standard Installation/Division Personnel System (SIDPERS) changes. He ensures coordination between the MEDCOM and/or medical brigade Personnel and Administration Center (PAC) and the hospital. He advises the hospital commander, adjutant, and other staff members on personnel administrative matters. He also supervises the activities of subordinate personnel.

(3) *Legal specialists (71D10)*. These specialists perform duties associated with court-martial proceedings, line-of-duty investigations, board proceedings, claims investigation, and other military justice and legal assistance matters for the hospital.

(4) *Administrative specialist (71L10)*. This specialist is responsible to the personnel sergeant for general typing and administrative functions for the division.

(5) *Personnel administrative specialists (75B10)*. These individuals are responsible to the personnel sergeant for personnel and administrative functions for the hospital. They prepare all SIDPERS transactions and associated reports.

(6) *Mail delivery clerks (71L10)*. These mail delivery clerks are responsible to the personnel sergeant for establishing and operating the unit mail room. They also assist the personnel sergeant with personnel and clerical duties. They are the designated light-vehicle operators for the division.

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(7) *Administrative clerk (71L10)*. This clerk is responsible to the personnel sergeant for general typing and administrative functions for the division. He maintains the functional files for the division.

(8) *Personnel administrative clerk (75B10)*. This individual works in unison with the personnel administrative specialists.

e. Patient Administration Division. This division is responsible for patient accountability, medical records management, release of medical information, security of patient baggage and valuables, medical regulation, patient evacuation, decedent affairs, operation of Theater Army Medical Management Information System (TAMMIS) for the Medical Patient Accounting and Reporting (MEDPAR) System and for the Medical Regulating (MEDREG) System, and medical statistical reporting. The staff is composed of the patient administration officer, NCOs, and specialists (Table 2-5).

Table 2-5. Patient Administration Division Organization

PATIENT ADMINISTRATION DIVISION			
PATIENT ADMINISTRATION OFFICER	CPT	70E67	MS
PATIENT ADMINISTRATION NCO	SSG	71G30	NC
PATIENT ADMINISTRATION NCO	SGT	71G20	NC
PATIENT ADMINISTRATION SPECIALIST	SPC	71G10	
PATIENT ADMINISTRATION SPECIALIST	PFC	71G10	

(1) *Patient administration officer (70E67)*. This officer is responsible to the hospital XO for planning, organizing, directing, and controlling the patient administration aspects of the hospital. He advises the commander on patient administration matters. He maintains close liaison with the chiefs of services, attending physicians, and chiefs of administrative sections and offices to ensure timely decisions on patient administration matters.

(2) *Patient administration noncommissioned officer (71G30)*. This NCO is responsible to the patient administration officer for patient administration and disposition procedures, inpatient records, and security of patients' personal effects. He works in concert with the supply sergeant to coordinate the return of the soldier to the replacement company. He also supervises the application of the TAMMIS for the MEDPAR System and for the MEDREG System.

(3) *Patient administration noncommissioned officer (71G20)*. This NCO is responsible to the patient administration NCO for implementing the TAMMIS-MEDPAR and TAMMIS-MEDREG for the hospital. He processes correspondence received for admissions and dispositions, medical regulating, decedent affairs, and medical information. This NCO also assists in supervising subordinate specialists.

(4) *Patient administration specialists (71G10)*. These specialists are responsible for processing all admissions and dispositions, operating TAMMIS equipment, managing medical records, preparing statistical reports, conducting decedent operations, securing patient baggage and valuables, and preparing patients for evacuation.

f. *Nutrition Care Division*. This division is responsible for providing hospital nutrition services; meal preparation and distribution to patients and staff; dietetic planning; and supervision and control of overall operations. The hospital staff will be fed in accordance with (IAW) the theater ration policy. The field medical feeding standard for hospitals is to prepare three hot meals per day plus nourishments and supplemental fluids using Medical B, A, or T Rations. Meals, ready to eat (MRE) are not authorized for patient use. Rations will be obtained from the supporting TAACOM element. Patient meals, nourishments, and forced fluids will be distributed to the wards three times per day; tube feedings are provided intermittently as patient’s nutritional needs require. (Refer to FM 8-505, Technical Manual [TM] 8-500, and Appendix B of this manual.) The staff is composed of dietitians, hospital food service NCOs, and hospital food service specialists (Table 2-6).

Table 2-6. *Nutrition Care Division Organization*

NUTRITION CARE DIVISION			
CHIEF, NUTRITION CARE DIVISION	MAJ	65C00	SP
DIETITIAN	CPT	65C00	SP
HOSPITAL FOOD SERVICE NCO	SFC	91M40	NC
HOSPITAL FOOD SERVICE NCO	SSG	91M30	NC
HOSPITAL FOOD SERVICE NCO	SGT	91M20	NC (6)
HOSPITAL FOOD SERVICE SPECIALIST	SPC	91M10	(10)
HOSPITAL FOOD SERVICE SPECIALIST	PFC	91M10	(10)

(1) *Chief, Nutrition Care Division (65C00, ASI 8I)*. This officer is responsible to the Chief, Administrative Service for the operation of this division. He directs and supervises the operation of nutrition care services. This officer holds the ASI 8I, clinical nutrition specialist.

(2) *Dietitian (65C00, ASI 8I)*. This officer is responsible to the Chief, Nutrition Care Division for formulating policies, developing procedures, and assisting in supervising the operation of nutrition care. This officer also assists physicians in dietary management of patients. This officer holds the ASI 8I, clinical nutrition specialist.

(3) *Hospital food service noncommissioned officer (91M40)*. This NCO serves as the principal NCO for the Nutrition Care Division. He is responsible to the chief of the division for the implementation of policies and procedures and for supervision and training of subordinate personnel.

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(4) *Hospital food service noncommissioned officer (91M30)*. This NCO is responsible to and serves as an assistant to the principal NCO in nutrition care operations. He implements and directs contingency and combat feeding plans.

(5) *Hospital food service noncommissioned officers (91M20)*. These sergeants are responsible to the principal NCO and assist with the clinical and administrative management of nutritional care programs.

(6) *Hospital food service specialists (91M10)*. These hospital food service specialists are responsible to the hospital food service NCOs for performing basic clinical dietetic functions in the dietary management and treatment of patients. They prepare, cook, and serve regular and modified food. They also perform light-vehicle operator/driver duties for the division, to include operator maintenance.

g. Supply and Service Division. This division provides logistics functions throughout the hospital, to include general and medical supplies and maintenance; blood management (see Appendix B); utilities such as water distribution, waste disposal, and environmental control of patient treatment areas; power and vehicle maintenance; equipment records and repair parts; fuel distribution; and transportation, to include ground and the coordination of air movement operations. The supply and services division requests resupply from the supporting medical logistics (MEDLOG) battalion (rear) and TAACOM area support groups (ASGs) using whatever communication links are available and compatible with the TAMMIS-Medical Supply (MEDSUP). Medical logistics and medical maintenance will be managed utilizing TAMMIS-MEDSUP and TAMMIS-Medical Maintenance (MEDMNT). This division coordinates with TAACOM elements for materiel handling equipment (MHE) capable of moving Deployable Medical Systems (DEPMEDS) equipment, environmental control units, and power-distribution equipment for the hospital. This section coordinates with elements of the TAACOM ASGs and Theater Army Movement Control Agency (TAMCA) for movement control, nonmedical supplies and equipment, and field services. This section will ensure each RTD soldier has or is issued one basic serviceable uniform and will also coordinate with the TAACOM and Theater Army Personnel Command (PERSCOM) for the transportation of these soldiers to the replacement companies. Table 2-7 lists the staffing for this division.

Table 2-7. Supply and Service Division Organization

SUPPLY AND SERVICE DIVISION			
HEALTH SERVICE MATERIEL OFFICER	MAJ	70K67	MS
HEALTH SERVICE MATERIEL OFFICER	CPT	70K67	MS
UTILITY OPERATIONS AND MAINTENANCE TECHNICIAN	W2	210A0	WO
UNIT MAINTENANCE OFFICER	W2	670A0	WO
MEDICAL SUPPLY SERGEANT	MSG	76J50	NC

Table 2-7. Supply and Service Division Organization (Continued)

SUPPLY AND SERVICE DIVISION				
MOTOR SERGEANT	SFC	63B40	NC	
SENIOR UTILITIES EQUIPMENT REPAIRER	SSG	52C30	NC	
STOCK CONTROL SUPERVISOR	SSG	76J30	NC	
MEDICAL STORAGE SUPERVISOR	SSG	76J30	NC	
SUPPLY SERGEANT	SSG	92Y30	NC	
UTILITIES EQUIPMENT REPAIRER	SGT	52C20	NC	
LIGHT-WHEELED VEHICLE MECHANIC	SGT	63B20	NC	
MEDICAL SUPPLY SERGEANT	SGT	76J20	NC	(3)
MEDICAL EQUIPMENT REPAIRER SERGEANT	SGT	91A20	NC	
EQUIPMENT RECEIVER/PARTS SPECIALIST	SGT	92A20	NC	
UTILITIES EQUIPMENT REPAIRER	SPC	52C10		
POWER-GENERATOR EQUIPMENT REPAIRER	SPC	52D10		
LIGHT-WHEELED VEHICLE MECHANIC	SPC	63B10		
QUARTERMASTER AND CHEMICAL EQUIPMENT REPAIRER	SPC	63J10		
MEDICAL SUPPLY SPECIALIST	SPC	76J10		(7)
PETROLEUM LIGHT-VEHICLE OPERATOR	SPC	77F10		
MEDICAL EQUIPMENT REPAIRER	SPC	91A10		
SUPPLY SPECIALIST	SPC	92Y10		
UTILITIES EQUIPMENT REPAIRER	PFC	52C10		(2)
POWER-GENERATOR EQUIPMENT REPAIRER	PFC	52D10		
LIGHT-WHEELED VEHICLE MECHANIC	PFC	63B10		
MEDICAL SUPPLY SPECIALIST	PFC	76J10		(7)
PETROLEUM LIGHT-VEHICLE OPERATOR	PFC	77F10		(2)
EQUIPMENT RECEIVER/PARTS SPECIALIST	PFC	92A10		
SUPPLY SPECIALIST	PFC	92Y10		

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(1) *Health service materiel officer (70K67)*. This officer is responsible to the XO. He plans, coordinates, and manages the entire logistics system for the hospital. Additionally, he controls and manages the budget for the hospital commander. He is also responsible for hospital field waste and safety procedures (refer to Appendixes C and D for examples of programs). He functions as the Chief, Supply and Service Division.

(2) *Health service materiel officer (70K67)*. This officer is responsible to the Chief, Supply and Service Division. He has primary responsibility for the medical supply area and functions as the supply officer for the hospital. This officer is also responsible for managing the controlled substances stored by the medical supply section.

(3) *Utility operations and maintenance technician (210A0)*. This warrant officer is responsible to the Chief, Supply and Service Division. He advises the command on the status, maintenance, and repairs of power-generator equipment. He supervises organizational maintenance of wheeled vehicles, associated support equipment, and power-generation equipment. He is responsible for the preparation of log books, maintenance records, and associated reports. He coordinates with the Hospital Operations Section in the planning of the hospital layout.

(4) *Unit maintenance officer (670A0)*. This warrant officer is responsible to the Chief, Supply and Service Division. He supervises and assists in the installation and maintenance of hospital equipment. He serves as the technical consultant to all members of the hospital staff on medical maintenance matters. He also performs scheduled (preventive maintenance) and unscheduled (repair) services on medical and related equipment within his scope of responsibility. He supervises the operation of TAMMIS-MEDMNT.

(5) *Medical supply sergeant (76J50)*. This NCO assists the Chief, Supply and Service Division in the supervision of personnel, to include medical supply operations, stock control, and medical assemblage management. He is responsible for the development and preparation of plans, maps, overlays, sketches, and other administrative procedures related to employment of the Supply and Service Division.

(6) *Motor sergeant (63B40)*. This NCO is responsible to the utility operations and maintenance technician for unit maintenance on wheeled vehicles and MHE and the upkeep of hand and power tools. He supervises, trains, advises, and inspects subordinate personnel in the use of The Army Maintenance Management System (TAMMS), prescribed load list (PLL), and automated systems output. He is also responsible for supervising the training and licensing of vehicle and equipment operators and ensuring their skills qualification.

(7) *Senior utilities equipment repairer (52C30)*. This NCO is responsible to the utility operations and maintenance officer for supervising and performing unit maintenance of utility equipment. He inspects the installation and condition of power-generation and distribution equipment systems.

(8) *Stock control supervisor (76J30)*. This NCO is responsible to the health service materiel officer (Captain [CPT]) for stock and inventory management of Class VIII supplies. He conducts periodic

and special inventories, updating inventory records accordingly. He operates the TAMMIS-MEDSUP for the hospital. He supervises the medical supply sergeants (76J20) and medical supply specialists (76J10) as assigned to him by the health service materiel officer of his duty section.

(9) *Medical storage supervisor (76J30)*. This NCO is responsible to the health service materiel officer (CPT) for supervising and planning hospital storage activities. He prepares and updates the warehouse planographs. He supervises the medical supply sergeants (76J20) and medical supply specialists (76J10) as assigned to him by the health service materiel officer of his duty section.

(10) *Supply sergeant (92Y30)*. The supply sergeant is responsible to the health service materiel officer (CPT) for the requisitioning, accountability, and issuing of general supplies and equipment for the hospital. He keeps the property book for the hospital on the Tactical Army CSS Computer System (TACCS), using the Standard Property Book System-Revised (SPBS-R). He works in concert with the Patient Administration Division (PAD) and requests those minimum essential uniform items required (to include mission-oriented protective posture [MOPP] gear, if required) for RTD soldiers while in transit to the replacement company. He coordinates through PAD to the replacement company for transportation of RTD soldiers. The supply sergeant supervises the activities of the supply specialists (92Y10).

(11) *Utilities equipment repairer (52C20)*. This NCO is responsible to the senior utilities equipment repairer for repair and maintenance of utilities-type equipment. He installs heating, refrigeration, and air-conditioning equipment. He is also a light-vehicle operator for the section.

(12) *Light-wheeled vehicle mechanic (63B20)*. This mechanic is responsible to the motor sergeant for those mechanical duties within his scope of responsibility. He also performs driver/operator duties.

(13) *Medical supply sergeant (76J20)*. These NCOs perform medical supply duties and are responsible to section medical supply sergeant (76J30) to which they are assigned. These NCOs assist their section sergeant in supervising the lower grade medical supply specialists.

(14) *Medical equipment repairer sergeant (91A20)*. This NCO is responsible to the unit maintenance officer for performing and supervising hospital medical maintenance operations. He is responsible for interpreting technical publications that apply to inspection, troubleshooting, maintenance, repair, calibration, and testing of medical equipment. He supervises subordinate medical equipment repairers.

(15) *Equipment receiver/parts specialist (92A20)*. This soldier is responsible to the utility operations and maintenance technician for maintaining equipment records and repair parts lists and for performing maintenance control duties. He also performs driver/operator duties.

(16) *Utilities equipment repairers (52C10)*. These repairers are responsible to the senior utilities equipment repairer for unit maintenance of refrigeration equipment, air-conditioning units, and gasoline engines used as prime movers of refrigeration units. They also perform vehicle operator duties.

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(17) *Power-generator equipment repairer (52D10)*. This specialist is responsible to the senior utilities equipment repairer for performing unit-level maintenance functions on power-generation equipment and associated items. He also supervises the subordinate power-generator equipment repairer.

(18) *Light-wheeled vehicle mechanic (63B10)*. This specialist is responsible to the light-wheeled vehicle mechanic NCO for performing his designated duties.

(19) *Quartermaster and chemical equipment repairer (63J10)*. This specialist is responsible to the senior utilities equipment repairer for troubleshooting and repairing quartermaster and chemical equipment malfunctions.

(20) *Medical supply specialists (76J10)*. These specialists are responsible to the section NCO (76J30) to which they are assigned. Assignment of these medical supply specialists to the stock control or medical storage section will be as determined by the Chief, Supply and Service Division and the medical supply sergeant (76J50). These medical supply specialists also perform vehicle operator duties.

(21) *Petroleum light-vehicle operator (77F10)*. This petroleum light-vehicle operator is responsible to the motor sergeant. He receives, stores, accounts and cares for, dispenses, issues, and ships bulk and packaged petroleum, oil, and lubricant (POL) supplies. He also operates and maintains the petroleum vehicle.

(22) *Medical equipment repairer (91A10)*. This repairer is responsible to the medical equipment repairer/supervisor for performing unit-level maintenance on assigned medical equipment. He also assists in training equipment operators in the performance of operator-level preventive maintenance checks and services (PMCS).

(23) *Supply specialist (92Y10)*. This supply specialist assists the supply sergeant in the accomplishment of his duties.

(24) *Utilities equipment repairers (52C10)*. These repairers are responsible to the senior utilities equipment repairer for unit maintenance of refrigeration equipment, air-conditioning units, and gasoline engines used as prime movers of refrigeration units. They also perform vehicle operator duties.

(25) *Power-generator equipment repairer (52D10)*. This equipment repairer is responsible to the power-generator equipment repairer NCO for operator and unit maintenance of tactical-utility and power-generation equipment and associated items.

(26) *Light-wheeled vehicle mechanic (63B10)*. This specialist is responsible to the motor sergeant for performing his designated duties. He also performs vehicle operator duties.

(27) *Petroleum light-vehicle operators (77F10)*. These petroleum specialists are responsible to the motor sergeant. They receive, store, account and care for, dispense, issue, and ship bulk and packaged POL supplies. They also operate and maintain the petroleum vehicles.

(28) *Equipment receiver/parts specialist (92A10)*. This specialist is responsible to the senior utilities equipment repairer for maintaining equipment records and repair parts lists and for performing maintenance control duties.

(29) *Supply specialist (92Y10)*. This supply specialist assists the supply sergeant in the accomplishment of his duties.

h. Nursing Service Control Team. This team is responsible to the Chief, Nursing Service for supervision of all nursing service personnel regardless of organizational placement. This team also provides daily patient reports to the chief nurse and PAD and is responsible for the standards of nursing practice and nursing care throughout the facility. The staff to provide this control are the assistant chief nurse, chief and assistant chief wardmasters, and a respiratory NCO (Table 2-8).

Table 2-8. *Nursing Service Control Team Organization*

NURSING SERVICE CONTROL TEAM			
ASSISTANT CHIEF NURSE	LTC	66N00	AN
CHIEF WARDMASTER	MSG	91C50	NC
ASSISTANT CHIEF WARDMASTER	SFC	91C40	NC (2)
RESPIRATORY NCO	SFC	91V40	NC

(1) *Assistant chief nurse (66N00)*. The assistant chief nurse works in concert with the Chief, Nursing Service. This nurse plans, organizes, executes, and directs nursing care practices for the hospital.

(2) *Chief wardmaster (91C50)*. This master sergeant (MSG) manages and supervises enlisted personnel and assists in the planning and operation of the nursing service. He coordinates with the operations section in planning the hospital layout. He is responsible to the chief nurse for the erection of the hospital clinical facilities.

(3) *Assistant chief wardmasters (91C40)*. These NCOs assist the chief wardmaster in supervising enlisted personnel and in the operation of the nursing service.

(4) *Respiratory noncommissioned officer (91V40)*. Under the technical guidance of a physician, this NCO supervises respiratory activities within the nursing service.

i. Triage/Preoperative/Emergency Medical Treatment Section. This section provides for the receiving, triaging, and stabilizing of incoming patients. The staff will receive patients, assess their medical condition, provide EMT, and transfer them to the appropriate areas of the hospital. The staff monitors

patient conditions and prepares those requiring immediate surgery for the OR. Sick call for organic staff is conducted by this section. Table 2-9 lists the staffing for this section.

Table 2-9. Triage/Preoperative/Emergency Medical Treatment Section Organization

TRIAGE/PREOPERATIVE/EMERGENCY MEDICAL TREATMENT			
EMERGENCY PHYSICIAN	MAJ	62A00	MC
HEAD NURSE	MAJ	66H00	AN
PRIMARY CARE PHYSICIAN	CPT	61H00	MC
EMERGENCY PHYSICIAN	CPT	62A00	MC
MEDICAL-SURGICAL NURSE	CPT	66H00	AN (2)
MEDICAL-SURGICAL NURSE	LT	66H00	AN
EMERGENCY TREATMENT NCO	SFC	91B40	NC
EMERGENCY TREATMENT NCO	SSG	91B30	NC (2)
EMERGENCY TREATMENT NCO	SGT	91B20	NC (3)
MEDICAL SPECIALIST	SGT	91B20	NC
MEDICAL SPECIALIST	SPC	91B10	(2)
MEDICAL SPECIALIST	PFC	91B10	(3)

(1) *Emergency physician (62A00)*. This physician is responsible to the Chief, Professional Services (or the designated chief of emergency medical services) for management and operations of this section. He examines, diagnoses, and treats or prescribes courses of treatment for the initial phase of diseases and injuries. This officer is the physician primarily responsible for triage.

(2) *Head nurse (66H00)*. This nurse manages the operations of the triage/preoperative/EMT section, to include staffing and supervising nursing personnel and developing nursing policies and procedures. He is also responsible for the standard of nursing care provided and assists in providing patient care.

(3) *Primary care physician (61H00)*. This physician provides care to patients in the areas of general medicine, obstetrics/gynecology (OB/GYN), psychiatry, PVNTMED, pediatrics, and orthopedics. When the EMT/surgical patient load is heavy, this officer can assume the duties of triage and preoperative evaluation/care. This physician is advanced trauma life support trained.

(4) *Emergency physician (62A00)*. This physician examines, diagnoses, and treats or prescribes course of treatment for the initial phase of disease and for injuries.

(5) *Medical-surgical nurses (66H00)*. These nurses plan and implement nursing care under the supervision of the head nurse. They provide direct supervision to subordinate nursing service personnel.

(6) *Emergency treatment noncommissioned officer (91B40)*. This NCO is responsible to the senior nurse. He manages and supervises the enlisted nursing staff. He is also responsible for supplies and equipment.

(7) *Emergency treatment noncommissioned officers (91B30/91B20)*. These NCOs are supervised by the principal NCO. They perform direct patient care within their scope of practice and under professional supervision. They supervise subordinate enlisted nursing staff. The emergency treatment NCO (91B30) also performs radio operator duties for the section.

(8) *Medical specialists (91B20/91B10)*. Under professional supervision, these specialists are responsible for providing nursing care within their scope of practice.

j. *Operating Room/Central Materiel Service Control Team*. This team provides supervision of the OR and central materiel service (CMS). It is responsible for the scheduling of the nursing staff, preparing and maintaining the OR and CMS, and the maintaining of surgical, anesthetic, and nursing standards within these areas. The OR/CMS control team is composed of an anesthesiologist, an OR clinical head nurse, a senior CMS NCO, and a senior OR NCO (Table 2-10).

Table 2-10. *Operating Room/CMS Control Team Organization*

OPERATING ROOM/CMS CONTROL TEAM			
ANESTHESIOLOGIST	MAJ	60N00	MC
CLINICAL HEAD NURSE OR	MAJ	66E00	AN
SENIOR CMS NCO	SFC	91D40	NC
SENIOR OR NCO	SFC	91D40	NC

(1) *Anesthesiologist (60N00)*. This physician is responsible to the Chief, Surgical Service and supervises the OR/CMS control team members. He establishes the hospital's anesthesiology program. He administers or supervises administration of anesthetics to patients in the OR.

(2) *Clinical head nurse operating room (66E00, ASI 8J)*. This officer is responsible to the chief nurse for the management of daily operations of the OR and CMS, to include scheduling and supervising the nursing staff. He coordinates with the Chief, Surgical Service, anesthesiologist, and clinical head nurse in scheduling and assigning surgical cases. He is responsible for the quality of nursing care provided. This officer holds ASI 8J as an infection control officer.

(3) *Senior central materiel service noncommissioned officer (91D40)*. This NCO is responsible to the clinical head nurse for the supervision and management of enlisted CMS staff. He assists in the daily operations of CMS and is responsible for supplies and equipment maintenance in CMS.

(4) *Senior operating room noncommissioned officer (91D40)*. This NCO is responsible to the head nurse for the supervision and management of the enlisted OR nursing staff. He also manages supplies and equipment.

k. *Operating Room E*. This section provides general surgical services with two OR tables for a total of 24 hours of table time per day. The staff is composed of a general surgeon, an orthopedic surgeon, OR nurses, clinical nurse anesthetists, an OR NCO, and OR specialists (Table 2-11).

Table 2-11. Operating Room E Organization

OPERATING ROOM E			
GENERAL SURGEON	MAJ	61J00	MC
ORTHOPEDIC SURGEON	MAJ	61M00	MC
OPERATING ROOM NURSE	CPT	66E00	AN (2)
CLINICAL NURSE, ANESTHETIST	CPT	66F00	AN (2)
OPERATING ROOM NCO	SSG	91D30	NC
OPERATING ROOM SPECIALIST	SGT	91D20	NC
OPERATING ROOM SPECIALIST	SPC	91D10	
OPERATING ROOM SPECIALIST	PFC	91D10	

(1) *General surgeon (61J00)*. This physician is responsible to the Chief, Surgical Service for Operating Room E. He examines, diagnoses, and treats or prescribes courses of treatment and surgery for patients having injuries or disorders with surgical conditions.

(2) *Orthopedic surgeon (61M00)*. He examines, diagnoses, and treats or prescribes courses of treatment and surgery for patients having disorders, malfunctions, diseases, and/or injuries of the musculoskeletal system.

(3) *Operating room nurses (66E00)*. The senior nurse is responsible to the clinical head nurse, OR/CMS control team, for all nursing activities of this section. The senior nurse is also responsible for the supervision of the enlisted OR staff. These OR nurses perform nursing duties in any phase of the operative process for patients undergoing surgery and ensure safe supplies and equipment are available for operative services.

(4) *Clinical nurses, anesthetist (66F00)*. These two anesthetists perform (in consultation with an anesthesiologist or other physicians) nursing duties for patients requiring anesthesia for surgical or diagnostic procedures, respiratory care, cardiopulmonary resuscitation, and/or fluid therapy. Provides preanesthetic evaluation/therapy, administers all types of anesthetic techniques and performs postanesthetic evaluation/therapy.

(5) *Operating room noncommissioned officer (91D30)*. This NCO is responsible to the chief, OR nurse for supplies, equipment maintenance, and supervision of the enlisted nursing staff.

(6) *Operating room noncommissioned officer (91D20)*. This NCO assists the OR NCO in supervising the enlisted staff. Under professional supervision, he provides patient care within his scope of practice.

(7) *Operating room specialists (91D10)*. These specialists provide patient care, under professional supervision, within their scope of practice.

l. Orthopedic Cast Clinic. This section is responsible to the orthopedic surgeon for casting, splinting, and traction services for the hospital. The staffing is composed of an orthopedic NCO and an orthopedic specialist (Table 2-12). The orthopedic NCO and specialist hold the ASI P1, orthopedic specialty.

Table 2-12. *Orthopedic Cast Clinic Organization*

ORTHOPEDIC CAST CLINIC			
ORTHOPEDIC NCO	SSG	91B30	NC
ORTHOPEDIC SPECIALIST	SPC	91B10	

(1) *Orthopedic noncommissioned officer (91B30, ASI P1)*. This NCO is responsible to the orthopedic surgeon for the operation of this clinic. He supervises the orthopedic specialist.

(2) *Orthopedic specialist (91B10, ASI P1)*. Under professional supervision, this specialist provides patient care within his scope of practice.

m. Central Materiel Service. This section provides sterilization of OR equipment, surgical instruments, and supplies, as well as sterile supplies for other patient care areas. The staff is composed of a CMS NCO, a CMS sergeant, and two CMS specialists (Table 2-13).

(1) *Central materiel service noncommissioned officer (91D30)*. This NCO works under the supervision of the CMS NCO of the OR/CMS control team. He supervises the activities of the CMS sergeant and specialists. He ensures that sterilization techniques and procedures are applied; he further ensures that safe sterile supplies are provided to users on a timely basis. He also supervises operator-level maintenance of CMS equipment.

Table 2-13. Central Materiel Service Organization

CENTRAL MATERIEL SERVICE			
CMS NCO	SSG	91D30	NC
CMS SERGEANT	SGT	91D20	NC
CMS SPECIALIST	SPC	91D10	
CMS SPECIALIST	PFC	91D10	

(2) *Central materiel service sergeant/specialists (91D20/91D10)*. The CMS sergeant and specialists are responsible to the CMS section NCO. They perform CMS functions within their scope of responsibility.

n. *Dental Services*. This section provides dental services and consultation for patients and staff. During mass casualty situations, the dentists assist in the delivery of ATM. The oral surgeon uses the OR B or the dental operatory to perform oral and maxillofacial surgery. The staff is composed of an oral and maxillofacial surgeon, a comprehensive dental officer, a preventive dentistry specialist NCO, and a dental specialist (Table 2-14).

Table 2-14. Dental Services Organization

DENTAL SERVICES			
ORAL AND MAXILLOFACIAL SURGEON	MAJ	63N00	DC
COMPREHENSIVE DENTAL OFFICER	CPT	63B00	DC
PREVENTIVE DENTISTRY SPECIALIST NCO	SGT	91E20	NC
DENTAL SPECIALIST	SPC	91E10	

(1) *Oral and maxillofacial surgeon (63N00)*. This officer examines, diagnoses, and treats or prescribes courses of treatment for conditions which involve the oral and maxillofacial structures, to include oral and maxillofacial injuries, wounds, and infections. Additionally, he provides treatment to patients referred by other dental and medical facilities when required oral and maxillofacial care is beyond the capability of the referring facility. This officer is responsible to the Chief, Professional Services for the technical and administrative management of the section.

(2) *Comprehensive dental officer (63B00)*. This officer provides emergency care to inpatients and staff. When work load permits, this officer provides maintaining-level dental care to the same population and to patients referred from other dental and medical facilities when the required dental treatment is beyond

the capability of the referring facility. In addition, he provides OR assistance and support to the oral and maxillofacial surgeon, when requested. He also augments the ATM capability of the hospital, particularly during mass casualty situations.

(3) *Preventive dentistry specialist noncommissioned officer (91E20, ASI X2)*. This NCO assists the dental officers in prevention, examination, and treatment of diseases of teeth and oral region. He also performs those administrative tasks as directed by the oral surgeon. He supervises operator-level maintenance of the dental equipment. This NCO holds the ASI X2, designating formal preventive dentistry specialist training.

(4) *Dental specialist (91E10)*. This specialist is responsible to the preventive dentistry specialist NCO. He assists in the prevention, examination, and treatment of diseases of teeth and oral region. He performs operator-level maintenance of dental equipment.

o. Inpatient Medicine A. This section provides medical services such as consultations, as requested; evaluation and treatment of infectious disease and internal medicine disorders; evaluation and treatment of skin disorders; and treatment of patients with gynecological disease, injury, or disorders. Staffing includes an obstetrician/gynecologist, internists, and primary care physicians (Table 2-15).

Table 2-15. *Inpatient Medicine A Organization*

INPATIENT MEDICINE A			
OBSTETRICIAN AND GYNECOLOGIST	MAJ	60J00	MC
INTERNIST	MAJ	61F00	MC (2)
PRIMARY CARE PHYSICIAN	CPT	61H00	MC (2)

(1) *Obstetrician/gynecologist (60J00)*. This physician provides medical care during pregnancy, performs obstetric deliveries, and examines, diagnoses, and treats or prescribes courses of treatment for patients who have gynecological disease, injury, or disorders. He is responsible to the Chief, Professional Services for the technical and administrative management of this section.

(2) *Internists (61F00)*. These internists examine, diagnose, and treat patients with medical illnesses and recommend courses of management for those illnesses.

(3) *Primary care physicians (61H00)*. These physicians provide comprehensive health care to patients in the areas of general medicine, OB/GYN, psychiatry, PVNTMED, pediatrics, and orthopedics in both inpatient and outpatient care. They may be used to augment surgical specialties in triage and preoperative care.

p. Intensive Care Unit Wards. These two 12-bed intensive care units (ICUs) provide for critically injured or ill patients. This section is under the supervision of the nursing service control team. Nursing

care is performed for those patients who require close observation and vital sign monitoring, complex nursing care, and mechanical respiratory assistance. The ICU is also used as a postanesthesia recovery area for patients after surgery. Intensive care is provided by a staff of clinical head nurses, clinical nurses, wardmasters, practical nurses, respiratory NCOs, respiratory sergeants, and medical specialists (Table 2-16).

Table 2-16. Intensive Care Ward Organization

INTENSIVE CARE WARD (2)			
CLINICAL HEAD NURSE, INTENSIVE CARE UNIT	MAJ	66H00	AN (2)
CLINICAL NURSE, INTENSIVE CARE UNIT	CPT	66H00	AN (6)
CLINICAL NURSE, INTENSIVE CARE UNIT	LT	66H00	AN (4)
WARDMASTER	SFC	91C40	NC (2)
PRACTICAL NURSE	SSG	91C30	NC (6)
RESPIRATORY NCO	SSG	91V30	NC (2)
PRACTICAL NURSE	SGT	91C20	NC (6)
RESPIRATORY SERGEANT	SGT	91V20	NC (2)
MEDICAL SPECIALIST	SPC	91B10	(4)

(1) *Clinical head nurses, intensive care unit (66H00, ASI 8A).* These officers are responsible to the nursing service control team for managing the operations of the ICU, to include developing nursing policies and procedures and scheduling and supervising the nursing staff. They are responsible for the quality of nursing care. They supervise all other ICU nursing personnel. These clinical head nurses hold an ASI of 8A, intensive care.

(2) *Clinical nurses, intensive care unit (66H00, ASI 8A).* These clinical nurses are responsible to the clinical head nurse for planning and providing nursing care of a specialized and technical nature for critically injured or ill and postanesthesia patients. They supervise enlisted nursing personnel. Only three of five officers (CPT, 66H) will hold the ASI 8A on any ICU.

(3) *Wardmasters (91C40).* These NCOs work under the supervision of the ICU head nurses. They also work in concert with the chief wardmaster of the nursing control team. They manage and supervise the enlisted nursing personnel and assist in the planning and operation of the ICU.

(4) *Practical nurses (91C30).* These practical nurses are responsible to the wardmasters. They provide direct patient care, under professional supervision, within their scope of practice. They also assist in supervising the subordinate enlisted nursing staff.

(5) *Respiratory noncommissioned officers (91V30)*. These NCOs provide technical guidance to and training of subordinate personnel. They manage the respiratory care functions under the supervision of a physician or the respiratory NCO (SFC, 91V40 [see Table 2-8, Nursing Service Control Team]).

(6) *Practical nurses (91C20)*. These practical nurses perform preventive, therapeutic, and emergency nursing care procedures, under professional supervision, within their scope of practice.

(7) *Respiratory sergeants (91V20)*. Under the supervision of a physician or the respiratory NCOs, these respiratory sergeants provide treatment for patients with cardiopulmonary problems. Included is emergency care in cases of heart failure, shock, treatment of acute respiratory symptoms in cases of head injuries, and respiratory complications in patients having thoracic or abdominal surgery.

(8) *Medical specialists (91B10)*. Under the supervision of a clinical or practical nurse, these specialists provide direct patient care within their scope of practice. They are designated vehicle operators for the section.

q. Intermediate Care Wards. These seven intermediate care wards (ICWs) with 20 beds per ward are identical in personnel and equipment. They are under the supervision of the nursing service control team. These wards provide care for patients whose conditions vary from acute to moderate. The nursing care staff consists of clinical head nurses, clinical nurses, wardmasters, practical nurses, and medical specialists (Table 2-17). The responsibilities and functions of the clinical head nurses, clinical nurses (66H00), wardmasters, practical nurses, and medical specialists are the same as those identified in paragraph 2-4*p* above. The lowest-grade medical specialist is the designated vehicle operator for the section.

Table 2-17. *Intermediate Care Ward Organization*

INTERMEDIATE CARE WARD (7)			
CLINICAL HEAD NURSE	MAJ	66H00	AN (3)
CLINICAL NURSE	CPT	66H00	AN (7)
CLINICAL NURSE	LT	66H00	AN (14)
WARDMASTER	SFC	91C40	NC (7)
PRACTICAL NURSE	SSG	91C30	NC (14)
PRACTICAL NURSE	SGT	91C20	NC (35)
MEDICAL SPECIALISTS	SPC	91B10	(7)
MEDICAL SPECIALISTS	PFC	91B10	(7)

r. *Neuropsychiatric Ward and Consultation Service.* This section provides NP diagnosis and consultation to all areas of the hospital; it staffs a 20-bed ward for inpatient stabilization of NP patients. The staff for this section consists of a psychiatrist, psychiatric/mental health nurses, a social work officer, a clinical nurse, mental health NCOs, a mental health wardmaster, an occupational therapy NCO, and mental health specialists (Table 2-18). To the extent possible, the FH's NP ward should receive only those NP and/or stress casualties who are too disturbed to receive restoration treatment at Echelon IV MTFs or who have not improved sufficiently after reconditioning treatment at Echelon III, but who are judged to have RTD potential. These soldiers are reevaluated to determine whether they should continue in Echelon IV reconditioning, be discharged for administrative action, or be evacuated to CONUS. The CSC Echelon IV reconditioning center may be attached to the FH. The CSC center will maintain its separate, nonhospital identity, but will closely coordinate with the FH's NP service. The CSC reconditioning center, if attached to the FH, will require administrative and logistical support. If no CSC unit teams have been allocated to provide Echelon IV support, the NP service of the FH, assisted by the psychology and occupational therapy personnel of the FH, will staff and conduct the reconditioning program IAW FM 8-51.

Table 2-18. *Neuropsychiatric Ward and Consultation Service Organization*

NEUROPSYCHIATRIC WARD AND CONSULTATION SERVICE			
PSYCHIATRIST	MAJ	60W00	MC
PSYCHIATRIC/MENTAL HEALTH NURSE	MAJ	66C00	AN
PSYCHIATRIC/MENTAL HEALTH NURSE	CPT	66C00	AN (2)
SOCIAL WORK OFFICER	CPT	73A67	MS
CLINICAL NURSE	LT	66H00	AN
MENTAL HEALTH NCO	SSG	91X30	NC
MENTAL HEALTH WARDMASTER	SSG	91X30	NC
OCCUPATIONAL THERAPY NCO	SGT	91B20	NC
MENTAL HEALTH NCO	SGT	91X20	NC (3)
MENTAL HEALTH NCO	SGT	91X20	NC
MENTAL HEALTH SPECIALIST	SPC	91X10	(2)
MENTAL HEALTH SPECIALIST	PFC	91X10	

(1) *Psychiatrist (60W00).* This officer is responsible to the Chief, Professional Services for the technical and administrative management of this section. He supervises the NP service staff, advises the hospital commander, and provides technical supervision of NP/mental health activities throughout the hospital. He examines, diagnoses, treats and/or prescribes treatment, and recommends disposition for patients and staff with NP and stress disorders.

(2) *Psychiatric/mental health nurse (66C00)*. This officer is responsible for the technical and professional management of the NP ward nursing staff. He provides psychiatric nursing consultation to all other wards of the FH. He provides specialized nursing services for patients with psychiatric and emotional problems and promotes mental health within the hospital and support area. This nurse performs liaison, consultative, and training functions throughout the FH to enhance the continuity and quality of patient care.

(3) *Psychiatric/mental health nurses (66C00)*. These officers are responsible to the psychiatrist and head nurse for operation of the ward and consultation throughout the hospital. They develop and carry out nursing care plans for each NP ward patient. These nurses also assist in the training, supervising, and technical management of subordinate NP ward staff, including the nonpsychiatrically trained nurses and augmenting technicians.

(4) *Social work officer (73A67)*. This officer is responsible to the psychiatrist. He provides stress control prevention and treatment throughout the hospital and especially to the minimum care (RTD-oriented) wards. He supports the NP ward by evaluating the RTD potential of patients, based on interviews with the soldier, plus data from the soldier's unit. He coordinates RTD, administrative disposition, or transfer to the CSC reconditioning center. The social work officer also assures effective use of social service support agencies for patients and FH staff members.

(5) *Clinical nurse (66H00)*. This clinical nurse is responsible to the head nurse for direct and surgical nursing care to patients on the ward. He is cross-trained in stress control techniques and procedures.

(6) *Mental health noncommissioned officer (91X30)*. This NCO assists the wardmaster in the performance of his duties. He provides psychiatric nursing care duties within his scope of practice.

(7) *Mental health wardmaster (91X30)*. This NCO assists the psychiatrist and nursing staff with the management and administrative functions of the ward. He provides psychiatric nursing care duties within his scope of practice.

(8) *Occupational therapy noncommissioned officer (91B20, ASI N3)*. This NCO is responsible to the head nurse for establishing and conducting the work therapy and recreational programs throughout the FH and especially the minimal care wards. Under professional supervision, he provides occupational therapy within his scope of practice. He holds the ASI N3, occupational therapy.

(9) *Mental health noncommissioned officers (91X20)*. Under professional supervision, these NCOs provide psychiatric nursing care within their scope of practice.

(10) *Mental health noncommissioned officer (91X20)*. Under professional supervision, this NCO provides mental health assessment and care within his scope of practice.

(11) *Mental health specialists (91X10)*. These specialists are responsible to the mental health NCOs. Under professional supervision, they provide care and treatment for psychiatric, drug, and alcohol patients within their scope of practice.

s. *Minimal Care Wards.* These two minimal care wards of 20 beds each provide care for patients whose conditions vary from moderate to minimal. These are convalescent patients with minimal requirements for nursing and medical treatment. Staffing is composed of clinical nurses, a wardmaster, a practical nurse, and medical specialists (Table 2-19).

Table 2-19. *Minimal Care Ward Organization*

MINIMAL CARE WARD (2)			
CLINICAL NURSE	LT	66H00	AN (2)
WARDMASTER	SSG	91C30	NC
PRACTICAL NURSE	SGT	91C20	NC
MEDICAL SPECIALISTS	SPC	91B10	(2)
MEDICAL SPECIALISTS	PFC	91B10	(2)

(1) *Clinical nurses (66H00).* These nurses are responsible to the nursing service control team for management and operations of the ward. They supervise the enlisted nursing staff and perform appropriate nursing duties.

(2) *Wardmaster (91C30).* This NCO assists the clinical nurses in ward management. He provides nursing care leadership and supervises subordinate staff. This NCO also works in concert with the chief wardmaster of the nursing service control team.

(3) *Practical nurse (91C20).* This practical nurse is responsible to the wardmaster and, under professional supervision, performs nursing care duties within his scope of practice.

(4) *Medical specialists (91B10).* Under professional supervision, these specialists provide medical treatment to patients within their scope of practice.

t. *Pharmacy Services.* The pharmacy is responsible for quality control of pharmaceuticals, distribution of bulk drugs, maintenance and publication of the hospital formulary, and the intravenous (IV)-additive program. This section maintains a registry for controlled drugs. The pharmacy provides discharge medications for the required number of days to complete therapy and/or a 5-day supply of medications required for air evacuation out of theater. The pharmacy requisitions required supplies through the logistics section to the supporting MEDLOG battalion (rear). The staff is composed of pharmacy officers, NCOs, and specialists (Table 2-20). Three of the enlisted staff hold the ASI Y7 (sterile pharmacy specialty) for the IV-additive program.

(1) *Chief, pharmacy services (67E00).* This officer is responsible to the Chief, Professional Services (or the designated chief of ancillary services). He directs, plans, and participates in all hospital

pharmaceutical activities. He is responsible for and maintains security within the pharmacy area and monitors the storage, security, and control, to include inventories and audit trails, of controlled substances. He also acts as a liaison between the professional staff and the logistics office for requisition of pharmaceutical items.

Table 2-20. Pharmacy Services Organization

PHARMACY SERVICES			
CHIEF, PHARMACY SERVICES	MAJ	67E00	MS
PHARMACY OFFICER	CPT	67E00	MS
PHARMACY NCO	SFC	91Q40	NC
PHARMACY NCO	SSG	91Q30	NC
STERILE PHARMACY NCO	SGT	91Q20	NC
PHARMACY SPECIALIST	SPC	91Q10	
STERILE PHARMACY SPECIALIST	SPC	91Q10	
PHARMACY SPECIALISTS	PFC	91Q10	
STERILE PHARMACY SPECIALIST	PFC	91Q10	

(2) *Pharmacy officer (67E00)*. This officer assists the Chief, Pharmacy Services in the performance of his duties. He supervises other pharmaceutical staff and collects data for required reports.

(3) *Pharmacy noncommissioned officer (91Q40)*. This NCO serves as the noncommissioned officer in charge (NCOIC) of pharmacy services. He is responsible for the work schedule of subordinate pharmacy NCOs and specialists; he is also responsible for ensuring adequate training for all subordinate specialists. Under the supervision of a pharmacist, he prepares, controls, and issues pharmaceutical products. He also assists with the supervision of the section, providing technical guidance to subordinate personnel.

(4) *Pharmacy noncommissioned officer (91Q30)*. This NCO assist the pharmacy officer and the pharmacy NCO in their duty performance. He prepares, controls, and issues pharmaceutical products, ensuring compliance with Army and Federal rules, laws, and regulations relative to pharmacy operations.

(5) *Sterile pharmacy noncommissioned officer (91Q20)*. This NCO serves as the NCOIC of the sterile products service. He performs sterile technique procedures in the preparation of items such as IV-additives which are used to combat infection and to restore and maintain electrolyte and nutritional balance. He holds the ASI Y7, sterile pharmacy specialty.

(6) *Pharmacy/sterile pharmacy specialists (91Q10)*. Under professional supervision, these specialists perform pharmaceutical duties within their scope of practice. The two sterile pharmacy specialists

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hold the ASI Y7. Their duties as sterile pharmacy specialists will be the same as those identified in paragraph (5) above.

u. Laboratory Services. This section performs a general, but limited, array of analytical procedures in hematology, urinalysis, clinical chemistry, microbiology, and serology. This section also prepares biological specimens, to include those suspected of exposure to biological weapons, for shipment to reference laboratories, such as the Theater Army Medical Laboratory (TAML). The staff is composed of a clinical laboratory officer, medical laboratory NCOs, and medical laboratory specialists (Table 2-21).

Table 2-21. Laboratory Services Organization

LABORATORY SERVICES			
CLINICAL LABORATORY OFFICER	CPT	71E67	MS
MEDICAL LABORATORY NCO	SFC	91K40	NC
MEDICAL LABORATORY NCO	SSG	91K30	NC
MEDICAL LABORATORY NCO	SGT	91K20	NC (2)
MEDICAL LABORATORY SPECIALIST	SPC	91K10	(3)
MEDICAL LABORATORY SPECIALIST	PFC	91K10	(5)

(1) *Clinical laboratory officer (71E67).* This officer is responsible to the Chief, Professional Services (or the designated chief of ancillary services) for management and supervision of the laboratory section and blood bank/donor center, including technical supervision and overall quality assurance of laboratory procedures performed in the hospital. He directs the performance of laboratory procedures used in the detection, diagnosis, treatment, and prevention of disease. He coordinates with other military or civilian agencies and treatment facilities for enhanced support, reference laboratory support, and blood support. He also coordinates with appropriate military agencies for evaluation and shipment of biomedical specimens suspected of exposure to chemical or biological warfare agents or other hazardous substances.

(2) *Medical laboratory noncommissioned officer (91K40).* This senior laboratory NCO functions as the laboratory NCOIC. He advises and assists the laboratory officer in laboratory operations, supply economy and inventory management, advanced technical procedures, and administrative requirements. He provides technical guidance to the subordinate staff.

(3) *Medical laboratory noncommissioned officer (91K30).* This laboratory NCO is responsible to the senior laboratory NCO for laboratory operations. He supervises the subordinate medical laboratory specialists. He also performs elementary and advanced examinations of patient-derived specimens (including suspect biological warfare specimens) to aid in the diagnosis, treatment, and prevention of disease.

(4) *Medical laboratory noncommissioned officers (91K20)*. These NCOs are responsible to medical laboratory NCO (91K30) for clinical laboratory operations. They also assist in the supervision of subordinate medical laboratory specialists.

(5) *Medical laboratory specialists (91K10)*. Under the supervision of laboratory NCOs, these specialists perform elementary clinical laboratory procedures.

v. *Blood Bank*. This section provides all routine blood grouping and typing, abbreviated crossmatching procedures, emergency blood collection, and blood inventory management. It has the capacity to store and issue liquid blood components and fresh frozen plasma. Staffing for this section includes a medical laboratory NCO and blood donor center operations NCOs and specialists (Table 2-22). All blood donor center operations personnel hold the ASI M4, blood donor center operations.

Table 2-22. *Blood Bank Organization*

BLOOD BANK			
MEDICAL LABORATORY NONCOMMISSIONED OFFICER	SSG	91K30	NC
BLOOD DONOR CENTER OPERATIONS NCO	SSG	91K30	NC
BLOOD DONOR CENTER OPERATIONS NCO	SGT	91K20	NC
BLOOD DONOR CENTER OPERATIONS SPECIALIST	SPC	91K10	(2)
BLOOD DONOR CENTER OPERATIONS SPECIALIST	PFC	91K10	(2)

(1) *Medical laboratory noncommissioned officer (91K30)*. This NCO is responsible to the clinical laboratory officer of laboratory services for the management and operation of this section. He performs advanced procedures in all phases of blood banking.

(2) *Blood donor center operations noncommissioned officer (91K30, ASI M4)*. This NCO is responsible to the blood bank NCO for the management and operation of blood donor center operations. He performs advanced procedures in all phases of blood donor center operations. He supervises subordinate blood donor center personnel in the performance of their duties.

(3) *Blood donor operations specialists (91K20/91K10, ASI M4)*. The duties and functions of the remaining staff are the same as the corresponding staff in paragraph 2-24u(5).

w. *Radiology Service*. This section provides radiological services to all areas of the hospital and operates on a 24-hour basis. Staffing includes a diagnostic radiologist, a senior radiology NCO, radiology NCO, and radiology specialists (Table 2-23).

Table 2-23. Radiology Service Organization

RADIOLOGY SERVICE			
DIAGNOSTIC RADIOLOGIST	MAJ	61R00	MC
SENIOR RADIOLOGY NCO	SFC	91P40	NC
RADIOLOGY NCO	SSG	91P30	NC
RADIOLOGY SERGEANT	SGT	91P20	NC
RADIOLOGY SPECIALIST	SPC	91P10	(3)
RADIOLOGY SPECIALIST	PFC	91P10	(2)

(1) *Diagnostic radiologist (61R00)*. This officer is responsible to the Chief, Professional Services (or the designated chief of ancillary services) for the management and operation of this section. He performs and interprets all diagnostic radiological and fluoroscopic procedures, including special vascular studies and imaging, on patients referred by other physicians.

(2) *Senior radiology noncommissioned officer (91P40)*. This NCO assists the radiologist in the supervision of subordinate personnel and administrative management of this section. Under the supervision of the radiologist, he performs radiological duties within his scope of training.

(3) *Radiology noncommissioned officer (91P30)*. This NCO assists the radiology NCO in the supervision of subordinate personnel and administrative management of this section. Under the supervision of the radiologist, he performs radiological duties within his scope of training.

(4) *Radiology sergeant and specialists (91P20/91P10)*. Under the supervision of the radiology NCO, these individuals perform duties within their scope of training. They also perform vehicle operator duties for the section.

x. *Physical/Occupational Therapy Service*. This section provides inpatient physical/occupational therapy services and consultation for patients. The primary role of this section is evaluating and treating neuromusculoskeletal conditions and providing burn/wound care to patients with potential for RTD within the theater evacuation policy. During mass casualty situations, physical therapy personnel may be utilized in managing minimal or delayed patients, or augmenting the orthopedic staff. The staff is composed of a physical therapist and a physical therapy NCO (Table 2-24).

Table 2-24. Physical/Occupational Therapy Service Organization

PHYSICAL/OCCUPATIONAL THERAPY SERVICE			
PHYSICAL THERAPIST	CPT	65B00	SP
PHYSICAL THERAPY NCO	SSG	91B30	NC

(1) *Physical therapist (65B00)*. This officer is responsible to the Chief, Professional Services (or the designated chief of ancillary services) for the management and supervision of physical therapy services. The physical therapist plans and supervises physical therapy programs upon referral from medical officers. This officer also provides guidance in the areas of physical fitness, physical training, and injury prevention.

(2) *Physical therapy noncommissioned officer (91B30, ASI N9)*. This physical therapy NCO is responsible to the physical therapist. He provides physical therapy treatment to patients within his scope of practice. He holds the ASI N9, physical therapy specialty.

y. *Hospital Ministry Team*. This section is composed of a chaplain, a unit ministry team (UMT) NCO, and a chaplain’s assistant to provide religious support and pastoral care ministry for assigned staff and patients (Table 2-25).

Table 2-25. *Hospital Ministry Team Organization*

HOSPITAL MINISTRY TEAM			
HOSPITAL CHAPLAIN	CPT	56A00	CH
UNIT MINISTRY TEAM NCO	SGT	71M20	NC
CHAPLAIN’S ASSISTANT	PFC	71M10	

(1) *Hospital chaplain (56A00, ASI 7R)*. This chaplain, supervised by the hospital headquarters chaplain, coordinates the program of religious ministries, including workshops, pastoral counseling, and religious education, for the hospital. He supervises the activities of the other ministry team staff.

(2) *Unit ministry team noncommissioned officer (71M20)*. This UMT NCO is responsible to the hospital chaplain and assists him in his duties. He also supervises the activities of the chaplain’s assistant.

(3) *Chaplain’s assistant (71M10)*. This assistant is responsible to the UMT NCO. He prepares the chapel for worship and prepares sacraments of Protestant, Catholic, Orthodox, and Jewish faiths.

2-5. The Hospital Unit, Holding

The HUH is organized with 63 personnel. It provides hospitalization for patients in the COMMZ and for patients who require reconditioning and rehabilitation to facilitate their RTD within the prescribed theater evacuation policy. The HUH provides the convalescent care capability for the hospital. It is composed of the following sections:

a. *Unit Headquarters.* This section provides augmentation to the HUB for unit-level command, communications, security, plans and operations, duty rosters, weapons control, administration, general support supplies, and patient administrative support. The staff is composed of the HUH commander, an assistant chief nurse, a field medical assistant, and a first sergeant (holding company) (Table 2-26).

Table 2-26. *Hospital Unit, Holding, Unit Headquarters Organization*

UNIT HEADQUARTERS			
COMMANDER	LTC	61H00	MC
ASSISTANT CHIEF NURSE	MAJ	66H00	AN
FIELD MEDICAL ASSISTANT	CPT	70B67	MS
FIRST SERGEANT (HOLDING COMPANY)	MSG	91B50	NC

(1) *Hospital unit, holding commander (61H00).* This officer, in his capacity as the HUH commander, ensures a smooth and functional integration of unity of the HUH with the HUB. Once the two units are combined to form a FH, this officer performs the duties of a primary care physician in the clinical services section (see paragraph 2-5c).

(2) *Assistant chief nurse (66H00).* This officer functions in unison with the chief nurse of the HUB in providing the necessary planning, execution, and direction for the HUH.

(3) *Field medical assistant (70B67).* This officer assists the HUH commander in the areas of organizational administration, supply, training, operation, transportation, and patient evacuation. He augments the HUB operations section.

(4) *First sergeant (holding company) (91B50).* This NCO functions as the first sergeant of the medical holding company. When the HUB and the HUH unite to form the FH, he will be supervised by the HUB company headquarters commander who functions as the commander, medical holding company. This NCO is also the principal enlisted assistant to the HUH commander. He maintains liaison between the HUH commander and assigned NCOs. He provides guidance to enlisted members of the HUH and represents them to the commander.

b. *Supply and Service Division (Augmentation).* Because of the increased work load associated with the HUH, this section augments the Supply and Service Division of the HUB. Staffing includes a medical supply sergeant, a supply sergeant, medical supply specialists, and supply specialists (Table 2-27).

(1) *Medical supply sergeant (76J20).* This NCO is responsible to the medical supply NCO (HUB) for medical supply operations, stock control, and medical assemblage management. He is responsible for the development and preparation of plans, maps, overlays, sketches, and other administrative procedures related to employment of the HUH Supply and Service Division.

Table 2-27. Supply and Service Division Organization

SUPPLY AND SERVICE DIVISION			
MEDICAL SUPPLY SERGEANT	SGT	76J20	NC
SUPPLY SERGEANT	SGT	92Y20	NC
MEDICAL SUPPLY SPECIALIST	SPC	76J10	
SUPPLY SPECIALIST	SPC	92Y10	
MEDICAL SUPPLY SPECIALIST	PFC	76J10	
SUPPLY SPECIALIST	PFC	92Y10	

(2) *Supply sergeant (92Y20)*. This NCO is responsible for general supply operations, to include supervision of the supply specialists. He maintains accountability for all equipment organic to the HUH.

(3) *Medical supply specialists (76J10)*. These specialists are responsible to the medical supply sergeant for performing designated medical supply and equipment functions.

(4) *Supply specialists (92Y10)*. These supply specialists assist the supply sergeant in his duty performance. They request, receive, inspect, load, unload, segregate, store, issue, and turn in organizational supplies and equipment. One of the specialists will function as the armorer. The armorer maintains the weapons storage area, issues and receives small arms and ammunitions, and performs small arms unit maintenance.

c. Clinical Services. This section provides specialty services and the overall medical treatment plan and implementation for the HUH. Staffing includes primary care physicians, a dermatologist, a clinical psychologist, a podiatrist, a microbiologist, medical-surgical nurses, emergency treatment NCOs, medical specialists, and a mental health NCO (Table 2-28).

(1) *Primary care physicians (61H00)*. These physicians provide comprehensive care to patients in the areas of general medicine, OB/GYN, psychiatry, PVNTMED, and orthopedics. They can be used to augment surgical specialties in triage and preoperative care. The Lieutenant Colonel (LTC) position is accounted for in the unit headquarters (paragraph 2-5a[1]) and is not included in the total authorizations for clinical services. This officer will function as the Chief, Clinical Services. He will be responsible to the Chief, Professional Services (HUB) for the management and supervision of this section.

(2) *Dermatologist (60L00)*. This physician examines, diagnoses, and treats or prescribes course of treatment for patients having diseases of the skin.

(3) *Clinical psychologist (73B67)*. This officer applies psychological principles, theories, methods, and techniques through direct patient service or consultation. He provides preventive interventions

and treatment throughout the hospital, especially on the minimum care wards. He performs psychological and neuropsychological testing to determine diagnosis and RTD potential.

Table 2-28. *Clinical Services Organization*

CLINICAL SERVICES			
PRIMARY CARE PHYSICIAN	LTC	61H00	MC *
DERMATOLOGIST	MAJ	60L00	MC
CLINICAL PSYCHOLOGIST	MAJ	73B67	MS
PRIMARY CARE PHYSICIAN	CPT	61H00	MC
PODIATRIST	CPT	67G00	MS
MICROBIOLOGIST	CPT	71A67	MS
MEDICAL-SURGICAL NURSE	LT	66H00	AN (3)
EMERGENCY TREATMENT NCO	SSG	91B30	NC
EMERGENCY TREATMENT NCO	SGT	91B20	NC
MEDICAL SPECIALIST	SGT	91B20	NC
MENTAL HEALTH NCO	SGT	91X20	NC
MEDICAL SPECIALIST	SPC	91B10	(2)
MEDICAL SPECIALIST	PFC	91B10	

*THE HUH COMMANDER ALSO FUNCTIONS AS A PRIMARY CARE PHYSICIAN IN CLINICAL SERVICES.

(4) *Podiatrist (67G00)*. This officer examines, diagnoses, and treats soldiers suffering from foot diseases, disorders, and/or injuries. His duties include inpatient and outpatient surgical and nonsurgical treatment and consultative services. He performs surgery under the supervision of an orthopedic or general surgeon.

(5) *Microbiologist (71A67)*. This officer conducts and directs the performance of more complex microbiology procedures provided in the microbiology augmentation set. He provides technical consultation to the primary care provider and others in the AO and coordinates with supporting organizations (such as the TAML) for the evaluation of biomedical specimens for exposure to biological warfare agents.

(6) *Medical-surgical nurses (66H00)*. These nurses are responsible to the assistant chief nurse for planning and providing professional nursing care of a generalized, specialized, and/or technical nature in the care and treatment of medical-surgical patients.

(7) *Emergency treatment noncommissioned officers (91B30/91B20)*. These NCOs assist with technical and administrative management of clinical medical facilities under the supervision of a physician or nurse. They supervise the subordinate medical specialists.

(8) *Mental health noncommissioned officer (91X20)*. This NCO collects and records social and psychological data and counsels personnel with personal, behavioral, or psychological problems. He is supervised by the clinical psychologist.

(9) *Medical specialists (91B20/91B10)*. These specialists assist with inpatient and outpatient care and treatment. They are supervised by the emergency treatment NCOs.

d. Patient Support Section. This section consists of seven convalescent care wards of 40 beds per ward for self-care patients. The wards are identical in personnel and equipment. They are under the supervision of the HUB nursing service control team. The nursing care staff of each ward consists of a wardmaster, a practical nurse, and medical specialists (Table 2-29).

Table 2-29. *Patient Support Section Organization*

PATIENT SUPPORT SECTION (7)			
WARDMASTER	SSG	91C30	NC (7)
PRACTICAL NURSE	SGT	91C20	NC (7)
MEDICAL SPECIALISTS	SPC	91B10	(7)
MEDICAL SPECIALISTS	PFC	91B10	(7)

(1) *Wardmasters (91C30)*. These NCOs are responsible for section management. They provide nursing care leadership and supervise subordinate staff. These NCOs are supervised by and work in concert with the chief wardmaster of the nursing service control team.

(2) *Practical nurses (91C20)*. These practical nurses are responsible to their respective wardmaster and, under professional supervision, perform nursing care duties within their scope of practice.

(3) *Medical specialists (91B10)*. Under professional supervision, these specialists provide medical treatment to patients within their scope of practice.

e. Physical/Occupational Therapy Service. This section provides inpatient physical/occupational therapy services and consultation for patients. The primary role of physical therapy services is to provide evaluation and treatment of patients with neuromusculoskeletal conditions and provide burn/wound care to patients with the potential to RTD within the theater evacuation policy. The primary wartime role of occupational therapy services is to provide upper extremity neuromusculoskeletal skills evaluation and treatment; prevention and treatment of combat stress and battle fatigue; and reconditioning and treatment to

increase physical fitness, duty-related skills, and work performance to patients with the potential to RTD within the theater evacuation policy. During mass casualty situations, physical/occupational therapy personnel may be utilized in managing minimal or delayed patients or augmenting the orthopedic staff. The occupational and physical therapy enlisted staff hold an ASI of N3 and N9, respectively. The staff is composed of physical therapists, occupational therapists, and occupational and physical therapy NCOs and specialists (Table 2-30).

Table 2-30. *Physical/Occupational Therapy Service Organization*

PHYSICAL/OCCUPATIONAL THERAPY SERVICE			
PHYSICAL THERAPIST	MAJ	65B00	SP
OCCUPATIONAL THERAPIST	CPT	65A00	SP
OCCUPATIONAL THERAPIST	LT	65A00	SP
PHYSICAL THERAPIST	LT	65B00	SP
OCCUPATIONAL THERAPY NCO	SSG	91B30	NC
PHYSICAL THERAPY SERGEANT	SGT	91B20	NC
OCCUPATIONAL THERAPY SERGEANT	SGT	91B20	NC
OCCUPATIONAL THERAPY SPECIALIST	SPC	91B10	
PHYSICAL THERAPY SPECIALIST	SPC	91B20	(2)

(1) *Physical therapists (65B00)*. The senior officer is responsible to the Chief, Professional Services (or the designated chief of ancillary services) for the management and supervision of this section. He develops and plans physical therapy programs upon referral from medical officers. Each physical therapist provides guidance to the subordinate staff for patient treatment in the areas of physical fitness, physical training, and injury prevention.

(2) *Occupational therapists (65A00)*. The senior officer is responsible for developing and planning policies and activities for the overall occupational therapy program. He coordinates patient referrals with the subordinate staff and provides reports to the appropriate professional staff. Each occupational therapist provides patient treatment and guidance to the subordinate staff for patient treatment.

(3) *Occupational therapy noncommissioned officers (91B30/91B20, ASI N3)*. The senior occupational therapy NCO is responsible to the senior occupational therapist for supervision of subordinate staff. Each NCO provides occupational therapy treatment to patients within their scope of practice. They hold the ASI N3, occupational therapy specialty.

(4) *Physical therapy noncommissioned officer (91B20, ASI N9)*. This physical therapy sergeant is responsible to the senior physical therapist for supervision of subordinate staff. He provides

physical therapy treatment to patients within his scope of practice. He holds the ASI N9, physical therapy specialty.

(5) *Occupational therapy specialist (91B10, ASI N3)*. This specialist provides patient treatment within his scope of practice. He holds the ASI N3, occupational therapy specialty.

(6) *Physical therapy specialists (91B10, ASI N9)*. These specialist provide patient treatment within their scope of practice. They hold the ASI N9, physical therapy specialty.